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Number of Pages (including this page)

Date: August 9, 2005

To: Jason E. Mattis - 2665

Location: United States Patent and Trademark Office

Fax No.: 703-872-9306

From: Indira Saladi - 45,759

Subject: 10/799,828- Hiben, et al.

Confirmation No.: 8521

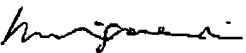
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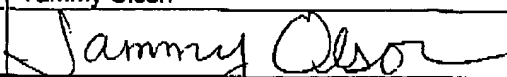
MESSAGE:

Enclosed herewith, please find an AMENDMENT for filing in the above-identified application.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/799,828
		Filing Date	March 12, 2004
		First Named Inventor	Hiben, et al.
		Group Art Unit	2665
		Examiner Name	Jason E. Mattis
		Attorney Docket Number	CM06186H
Total Number of Pages in this Submission			

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Indira Saladi	Registration No.	45,759
Signature			
Date	August 9, 2005		

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number <u>703-872-9306</u> or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: <u>Commissioner for Patents, Alexandria, VA 22313</u> on the date listed below:	
Typed or printed name	Tammy Olson
Signature	
Date	August 9, 2005

Appl. No. 10/799,828
Amdt. Dated August 9, 2005
Reply to Office Action of 5/17/05

Docket No. CM06186H
Customer No. 22917

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APPLICANT(S) Hiben, et al. GROUP ART UNIT: 2665
APPLN. NO.: 10/799,828 EXAMINER: Jason E. Mattis
FILED: March 12, 2004 Confirmation No. 8521
TITLE: METHOD FOR SELECTING AN OPERATING MODE BASED ON A
DETECTED SYNCHRONIZATION PATTERN

Date of deposit: August 9, 2005

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Signature of Person Mailing Paper

Tammy Olson
Printed Name of Person Mailing Paper

AMENDMENT

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated 5/17/05, Paper No. 20050505, please amend the above-identified application as follows:

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.